

Office use only

Request no. /

Officer

Date / /



REQUEST FORM FOR CLASS ABSENCE

Written at

Date:

Subject: **Request for class absence** in ☐ subject(s) offered by Faculty of Science ☐ subject(s) offered by another faculty

Dear Dean of Faculty of Science (via Deputy Dean for Education and Student Development)

No. of Enclosure(s) ☐ Medical Certificate issued at No. of Medical Certificate

Date of examination: .../.../... Examining Physician Name:

Phone no.:

☐ Others (please specify)

I, (Mr./ Miss/ Mrs.) am an undergraduate student at Faculty of Science, Mahidol University.

Year: Major:

Student I.D.

Academic advisor's name:

Student's contact information:

No. of credits enrolled for semester/20..... = credits

Mobile phone no.:

Cumulative GPA: ☐ Cumulative GPAs have not been reported

E-mail:

I would like to request your approval to take leave of absence from class(s) at International B.Sc. Program, Faculty of Science, Mahidol University as follows:

Subject code	Subject Instructor's name/ Course Coordinator's name	Date of leave
SC/...../.....
SC/...../.....
SC/...../.....
SC/...../.....

Subject code	Subject Instructor's name/ Course Coordinator's name	Date(s) of leave
	/...../.....
	/...../.....
	/...../.....
	/...../.....

Reason for class absence requested: ☐ Faculty/ University's business (please specify)

(Student must submit a request for class absence to the SIM office at least 2 weeks before leaving)

☐ Illness (a Medical Certificate is required)

☐ Others (please specify)

..... (Requester's signature)

(.....) (Requester)

PROCESS FLOW

(1) ☐ Academic advisor/ ☐ Director of the International B.Sc. Program in.....
I, (Lect./Asst. Prof./Assoc. Prof./Prof.)
am ☐ an academic advisor / ☐ a Director of the International B.Sc. Program.
I confirm that the information given in this request form is true.

(☐ Academic advisor/ ☐ Director of the International Program

Date:/...../.....

(2) (Officer) Request form reviewed and checked by the officer
☐ Document(s) enclosed ☐ No document(s) enclosed
☐ Student's request submission before leaving
☐ Others (please specify)

☐ In case of MUSC student requesting for a leave of absence from other faculty's classes/ institutions, the officer must make a notification with document enclosure(s) to Course Coordinator/ Instructor.

(3) Dear SC's Course Coordinator/ Instructor,
For your perusal and actions

.....
(.....)

Deputy Dean for Education and Student Development

Date/...../.....

(4) Dear Deputy Dean for Education and Student Development

☐ Allows the student to take a leave of absence from class during the specified date.

☐ Do not allow the student to take a leave of absence from class during the specified date

☐ Others (please specify)

.....
(.....)

Course Coordinator/ Instructor

Date/...../.....